

"Providing Your Innovative Benefits Solutions"

RRSP/TFSA DESIGNATION FORM

Send to:

Email: claims@healthrisk.ca Fax: (403) 236-9420 Mail: 50, 12221 - 44th Street SE Calgary AB T2Z 4H3

RETURN THIS FORM ONLY IF YOU WISH TO HAVE FUNDS DIRECTED TO A RETIREMENT **SAVINGS ACCOUNT**

Employee Name:	
Benefit Year:	Taxable Amount:
RRSP ACCOUNT INFORMATION	
Please Transfer the following amount to my RR	SP Account :\$
Name of Financial Institution:	
Address:	
Account Number:	
Name of Advisor (REQUIRED)*:	
TFSA ACCOUNT INFORMATION	
Please Transfer the following amount to Name of Financial Institution:	
Address:	
Account Number:	
Name of Advisor (REQUIRED)*:	
I understand that CRA rules governing the taxation of all my behalf by my employer will be added into my taxab	l of the above benefits will apply. Therefore, funding on le income and appropriate withholding taxes will apply.
Employee Signature	 Date Signed